FUR INSTRUCTIONS, SEE BACK OF FORM	FORM
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 01/2001) REPORT
Hanatan For Mayor	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:	Comm. # 13107
(1)Statewide/Legistative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	Indexed
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee	Audited
(8)Support State of Candidates	Computer
CANDIDATE COMMITTEES ONLY:	
Candidate Name Political Party	
Thomas P. Hanafan	
Office Sought District (if Senate or House)	201
Mayor of Council Bluffs  District (it Senate or House)	<b>5</b> P
	· Carrie Man Struck
Barb Malick 7/2-323-372/ SIGNATURE OF TREASURER (or person filling this report) TELEPHONE	Jangary Lady
SIGNATURE OF TREASURER (or person filing this report)  TELEPHONE	DATE SIGNED S
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$800
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	2 5
	N //2/NON-EL ECTION FAR
In disaste	one 2
(10)	
DONECK IF AMELYOMETT TO THE OTHER	Committees, enter Date of Election
	y & Local Committees, enter County in
	Election is held
You must commune to the reports until a route of bissortation is made.	
/ (Total mass commission to the repeated and the repeated	
/ (Tour mast commune to the repetit state)	
STATEMENT OF CASH ON HAND	
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From: (None)

To: 915152814073

01/09/14 12:26 PM Page 2 of 5

From: (None)

01/09/14 12:27 PM

Page 3 of 5

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee To Elect Tom Hanafan

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/28/2013	ID# Ск# 5035	Iowa Western Community College 2700 College Road Council Bluffs, IA 51508	Duration to Shipership Fund	\$250°
1/3/2014	ID# US Bank CK# (Ushit/ C/= 05415/37.35	Mercy Hospital Guild 800 Mercy Dive Council By 86. 74 51503	Donation	34.24
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			-
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 284 24

IHIS	BOX	APPLIES	TO CANDIDA	TES' COMMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page		of	
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28624

TOTAL (if last page of this schedule)